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X 28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

37016

DEC 22 1941

State File No. _____

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 9246

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital #2 D
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 9 Days
(Specify whether
In this community 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3940 Miami Street
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Catherine Janke

3. (b) If veteran, name none 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (e) Single, widowed, married, divorced, married

6. (b) Name of husband or wife Edward 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased: February 23, 1889
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
52 8 27 hr. min.

9. Birthplace Tell City, Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At Home

12. Name Adam Simon

13. Birthplace Indiana
(City, town, or county) (State or foreign country)

14. Maiden name Eva Dickman

15. Birthplace Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Edward Janke
(b) Address 3940 Miami Street

17. (a) Burial (b) Date thereof 11-24-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director A. H. McLaughlin
(b) Address 2301 Lafayette Avenue

19. (a) NOV 21 1941 (b) J. P. Busch
(Date of burial or registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month November day 20,
year 1941 hour 6:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from October 12, 1941 to November 20, 1941,
that I last saw her alive on November 20, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchitis - pneumonia
Duration _____

Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(a) Means of injury _____
23. Signature John E. Piskovich (M. D. or other) _____
Address 1725 Lafayette Avenue Date signed 11/21/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *R. R. Cooper*

Licensed Embalmer No. *5133*

P. O. Address *2317 Lafayette*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.